

DEPARTMENT OF TRANSPORTATION EMPLOYEE CLAIM FOR WAGE RESTITUTION		OMB Control No. 2105-0517 Expiration Date: 4/30/97
<small>Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the FAR Secretariat (VRS), Office of Federal Acquisition and Regulatory Policy, GSA, Washington, D.C. 20405; and to the Office of Management and Budget, Paperwork Reduction Project (2105-0517), Washington, D.C. 20503.</small>		
TO: The General Accounting Office Claims Division Washington, DC 20548	CONTRACT NUMBER	
	DATE OF CLAIM	
	EMPLOYEE'S FULL NAME	
	SSN:	
I hereby make claim for payment of unpaid wages due me in the amount of \$ _____		
as an employee of _____ <i>(Name of Contractor and/or Subcontractor)</i>		
performing work under the above number at _____ <i>(location of work)</i>		
_____ . I was employed		
as _____ during the period from _____ <i>(job title)</i> <i>(month/day/year)</i>		
to _____ . <i>(month/day/year)</i>		
This claim constitutes the total amount claimed due and unpaid for the period of employment indicated.		
ADDRESS OF EMPLOYEE		SIGNATURE OF EMPLOYEE